



Behavioral Health

FALL 2000 IN THIS ISSUE

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"Behavioral Health Services - services that help people think, feel, and act in healthy ways, sometimes called mental health services. These services can also help people stop drinking and using drugs."

AZ State Behavioral Health Services (BHS) Division

How prevalent are behavioral health problems?

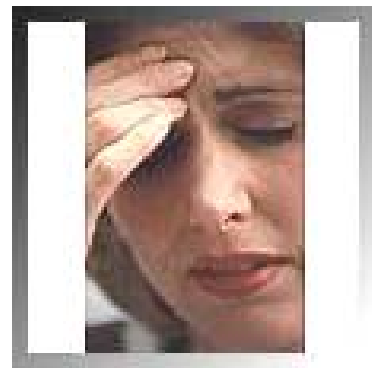
The answer is not known with certainty because definitions of the problems vary and have changed over time. The following estimates

come from Mental Health: A Report to the Surgeon General, NIMH, 1999 (italics added).

Adults – "The current prevalence estimate is that about *20 percent of the U.S. population* are affected by mental disorders during a given year.... A subpopulation of 5.4 percent of adults is considered to have a 'serious' mental illness (SMI)..."

Children and Adolescents - The annual prevalence of mental disorders in children and adolescents is not as well documented as that for adults. *About 20 percent of children* are estimated to have mental disorders with at least mild functional impairment....

Older Adults - The annual prevalence of mental disorders among older adults (ages 55 years and older) is also not as well documented as that for younger adults. Estimates... indicate that *19.8 percent of the older adult population* have a diagnosable mental disorder during a 1 - year period."



Estimates on other aspects of behavioral health come from these sources:

Drug Abuse – this from the National Institute on Drug Abuse: "...the number of current illicit drug users did not change significantly from 1995 (*12.8 million*) to 1996 (*13 million*)."

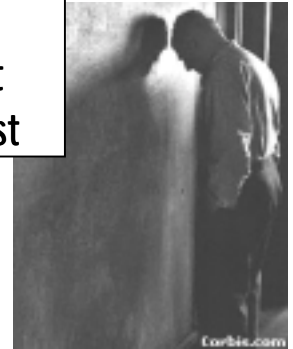
Alcohol – According to the Florida Alcohol & Drug Abuse Association, "Alcohol is the most widely used and abused drug in America. According to the 1993 National Household Survey, *103 million people in the United States* are current drinkers and 11 million are heavy drinkers....Alcoholism is one of the most preventable illnesses; yet 7 out of 10 adults drink alcohol. Of these, one out of seven is an alcoholic."

Homeless – According to the Arizona Homeless Coordinator, a major portion of single homeless people are either mentally ill, have serious drug abuse problems or both. Some *63% of adults in Maricopa County homeless shelters* have alcohol or drug abuse problems; *9% are seriously mentally ill*. An additional *10% are seriously mentally ill and have drug abuse problems*.

Costs of Behavioral Health Problems

With perhaps 20% of the population with significant problems of mental illness and millions struggling with drug and alcohol problems, the costs to our society are understandably heavy. The 1999 report to the Surgeon General cited above says, "The direct costs of mental health services in the United States in 1996 totaled *\$69 billion*. This figure represents 7.3 percent of total health spending. An additional *\$17.7 billion* was spent on Alzheimer's disease and *\$12.6 billion* on substance abuse treatment...The indirect costs of mental illness were estimated in 1990 at *\$78.6 billion*..."

Mental Illness
\$69 billion direct cost
\$79 billion indirect cost



Drug Abuse & Alcoholism

\$245.7 billion cost



According to the White House Office of National Drug Control Policy (*italics added*), "A study prepared by The Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism estimated the total economic cost of alcohol and drug abuse

to be *\$245.7 billion* for 1992. Of this cost, *\$97.7 billion* was due to drug abuse. This estimate includes substance abuse treatment and prevention costs as well as other healthcare costs, costs associated with reduced job productivity or lost earnings, and other costs to society such as crime and social welfare. The study also determined that these costs are borne primarily by governments (46 percent), followed by those who abuse drugs and members of their households (44 percent).

The 1992 cost estimate has increased 50 percent over the cost estimate from 1985 data. The four primary contributors to this increase were (1) the epidemic of heavy cocaine use (2) the HIV epidemic (3) an eightfold increase in state and Federal incarcerations for drug offenses, and (4) a threefold increase in crimes attributed to drugs."

Behavioral Health in Arizona

Following are some estimates from the 1999 report to the Surgeon General cited above on prevalence of mental illness in Arizona and

the state expenditures of Substance Abuse and Mental Health Services Administration (SAMHSA) for services.

Estimated 12-Month number of persons with serious mental illness, age 18 and older, 1990

(Does not include persons who are homeless or are institutionalized.)	State	Estimated numbers	Lower limit	Upper limit
	Arizona	144,942	104,680	190,572

1995 Estimates of Children & Adolescents with Serious Emotional Disturbance in Arizona

Number of youth 9-17	Percent in poverty	Lower Limit Level of functioning score=50	Upper limit
542,019	25.31	37,941	48,782

Although these are estimates, they tell us there may well be as many as 145,000 adults and 38,000 children with serious mental illness problems in Arizona *not counting homeless or those insitutionalized*. There may well be many more that that. How many are getting help?

According to the Arizona Auditor General Audit (Report 99-12 July 1999), some 65,000 individuals were served in 1998 by Arizona's behavioral health system, in these categories (*see below on page 3 to see how Tempe clients compare*):

18,600 children with mental health problems– 28% of all clients served

19,000 adults with serious mental illness (SMI)– 29% of all clients served

25,000 adults with general mental health disorders (GMH) or substance abuse problems – 38% of all clients served

3,300 others (e.g., in prevention programs) – 5% of clients served.

The Auditor General report says a total funding of approximately *\$300 million* was received in 1998 to serve those people, from a variety of sources including Medicaid-Title XIX and federal SAMHSA funds.

Arnold vs. Sarn - Mental health advocates found the situation so bad in the past that the State of Arizona was successfully sued to force improvement. In 1981, a class action suit was filed in Superior Court by the Maricopa County Public Fiduciary on behalf of a class of mentally ill adults (Arnold vs. Sarn). The case was settled in 1989 when the Arizona Supreme Court affirmed the individual right of every chronically mentally ill person to adequate treatment in the community. The state and county were ordered to establish a comprehensive system of community-based mental health care.

Partly to cope with Arnold vs. Sarn, funding and operation of behavioral services devolved from the state level to local entities called Regional Behavioral Health Authorities (RBHA's). The state originally contracted with three RBHA's in Maricopa County (including one for the East Valley area). In 1991, ComCare was funded by the Arizona Department of Health Services as the sole RBHA for Maricopa County. After encountering serious financial problems, ComCare has ceased to exist and Value Options, a for-profit company, is now the county RBHA. Of the \$300 million in state behavioral health funding cited above for 1998, the RBHA's received about \$275 million to deliver services.

Few would question that progress has been slow toward implementing the Arnold vs. Sarn order. In testimony to the Arizona Legislature this year, Dr. Michael Zent, of Value Options, said, "...there was a recent study completed to show the magnitude of funding issues for SMI. According to that analysis, approximately **\$529M** was needed to comply with the minimum part of the lawsuit." The Arizona Legislature passed a funding bill this last session toward that need of \$30 million that was vetoed by the Governor. A funding bill of \$10 million was later signed.

**\$529 million needed
in Arizona**



Dr. Zent further reviewed for the Legislature these key issues pressing the system: "1) tremendous increase in rising pharmacy costs; 2) complying with Arnold vs. Sarn; 3) critical lack of resources for the seriously mentally ill (SMI) population; 4) housing needs; 5) growing non-Title XIX population; 6) Jason K [another suit against the state] and coordinating services for children; 7) lack of substance abuse services." Dr. Zent also explained, "...pharmacy costs are rising for antidepressants and antipsychotics...the challenges posed by lack of resources are: 1) the continued threat of litigation with both Arnold vs. Sarn and Jason K lawsuits; 2) growing incarcerated population; 3) growing disparity between Medicaid and non-Medicaid benefits; 4) increased strain on the courts and social service agencies; 5) more frequent utilization of crisis and emergency services; 6) increased health costs; 7) increase in family disruption."

Behavioral Health in Tempe

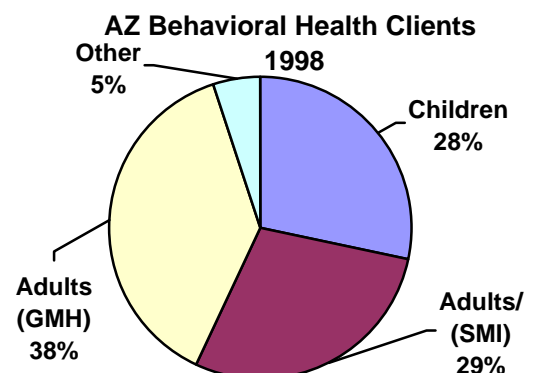
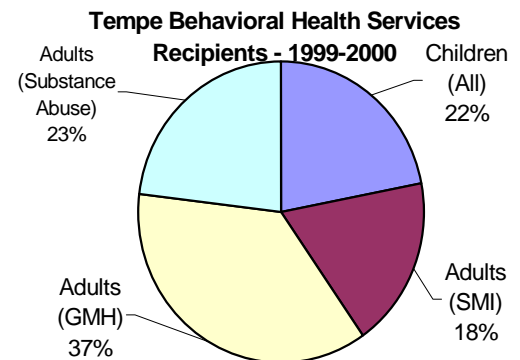
Department of Health Services (ADHS) as being enrolled in the behavioral health system during the past year, only 1,264 of those individuals actually received services. **This number represents less than one percent of Tempe's total population**, which was estimated in 1998 to be 159,220 individuals.

DHS tells us those who received services during the 1999-2000 state fiscal year fell into the following service categories:

- 279 children with mental health problems** -- 22% of all clients served;
- 231 adults with serious mental illness (SMI)** -- 18% of all clients served;
- 464 adults with general mental health disorders (GMI)** -- 37% of all clients served; and
- 290 adults with substance abuse problems** -- 23% of all clients served.

Although the figures are from two different years and the categories are not quite the same, the two charts to the right give an indication on how Tempe behavioral health clients compare with Arizona clients as a

Although 8,890 individuals in Tempe were listed by the Arizona



whole. In general, it appears there may be smaller proportions served in Tempe of children and adults with SMI than statewide.

Value Options contracts with a number of agencies to provide behavioral health services, including these agencies with Tempe offices (from the June 1999 Value Options Provider Directory): *ABS, Center for Behavioral Health, EMPACT Suicide Prevention Center, Phoenix Interfaith Counseling, Presbyterian Service Center, Tri-city Behavioral Services and Valle del Sol*. Other agencies and individuals also provide services for Tempe, including *East Valley Addiction Council*.

Substance Abuse - As stated previously, the national costs (both direct and indirect) of substance abuse, an insidious yet preventable behavioral health problem, are staggering, and Arizona is certainly no exception. According to information compiled by Frank Scarpati, Director of the East Valley Addiction Council (EVAC), in a report to the Tempe Community Council Homeless Task Force, the cost of substance abuse in Arizona is estimated to be \$4.5 billion annually (National Institute on Drug Abuse, 1999). Dr. Scarpati estimated that 80% of EVAC clients are homeless, and 7% are from Tempe. There are only two detox clinics in the Maricopa County area for homeless, indigent, or working poor making a total of 32 beds. Since 1997, 312 available residential treatment beds have been lost due to the closing of several facilities.

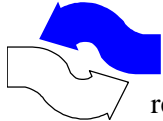
Substance abuse contributes greatly to a broad range of societal problems, including homelessness and domestic violence. An Arizona Republic article from June 1999 quoted a former DES administrator as saying, "at least 90 percent of child abuse cases in Arizona involve substance abusing parents."

Homeless – As stated above, the majority of homeless people have substance abuse problems and/or problems of mental illness. The Tempe Community Council Homeless Task Force recently completed their year-long study of homeless issues in Tempe and found several areas of concern related to behavioral health. Following is one of their recommendations.



Recommendation	Rationale and Benefits	Specific Action Steps
2. ADVOCATE FOR BETTER MENTAL HEALTH AND SUBSTANCE ABUSE FUNDING AND INCREASED PRESENCE OF SERVICES IN TEMPE	The majority of single homeless people have addiction and mental health problems. Many of them need extensive help before they are able to function in a shelter, much less become employed. Our behavioral health system does not have the necessary capacity to help them and that capacity has even been reduced in the East Valley (e.g., detox beds). The cities, including Tempe, then inherit these tragic and costly problems on their streets. The City should actively become involved in advocating for more funds in general and for increased services in Tempe through regional collaborative efforts.	<ul style="list-style-type: none"> • Support legislation for more mental health services. • Work with mental and behavioral health advocacy groups on goals of common interest. • Establish closer working relationship with Value Options, the Maricopa County behavioral health entity. • City lobbyists and the homeless coordinator should play key roles in accomplishing this goal.

BOTTOM LINE



There seems little doubt that the problems of mental illness and substance abuse are huge and the resources to cope with them are, at best, quite inadequate.

Although as many as one in five of us may have these problems, others that do not may wonder what this complicated business has to do with them or may think this issue is only the State's responsibility. Traditionally, cities have not seen behavioral health as being their direct concern. However, if we in Tempe find ourselves upset about seeing homeless in the parks near our homes or seeing our neighbors flee their homes because of domestic violence and are frustrated with paying the considerable costs associated with health care, police and social services needed to cope with Tempe's unmet behavioral health needs -- then we may see why we need to get involved. If we do not get involved, we should be prepared to see the problems of mental illness and substance abuse continue to be visited upon our local neighborhoods and streets.